



k^wu alá k^wu kəkniya?

“WE ARE HERE TO LISTEN”

OKIB COMMUNITY HEALTH & WELLNESS SURVEY

MENTAL HEALTH AND WELLNESS **ACTION PLAN**

INFORMATION FOR PARTICIPANTS

What is the Okanagan Indian Band Community Health & Wellness Survey?

The Okanagan Indian Band Community Health & Wellness Survey is being run by the Okanagan Health & Social Development Department to ask community members about your health and well-being, the factors that affect your health and the use and needs of health care services. This survey can be completed online or filled out and provided to one of the Community Engagement Team members.

What is the purpose of this survey?

By collecting information about your health & Wellness, the aim is to:

- Provide the Health & Social Development Department with current and detailed information to evaluate existing programs and to contribute to new programming that is driven by OKIB Membership & Community need; and
- Provide guidance to help inform an OKIB mental wellness strategy and doctors clinic for the benefit of OKIB Membership & Community.
- Report to funder (First Nations Health Authority), mandatory 5 year evaluation of 10 year health plan.

What are the survey questions about?

You will be asked questions about the current state of your health, behaviours thought to be related to your health, your use of health care services and information concerning your family.

Am I required to participate in this survey?

The survey is open to all OKIB Membership & Community who reside both on and off reserve. We encourage all members of your family to complete the survey to ensure there is a wide range of perspectives considered across all age groups.

The survey is **voluntary**, and you may choose to answer any or all of the questions. In other words, if you do not wish to answer a question just skip to the next one.

Will the information be kept confidential?

Yes. Information collected from respondents is kept strictly confidential.

OKIB follows strict rules to ensure the confidentiality of your information and your privacy. OKIB will not share any personal information. Your name and other identifiable information will not be linked to the answers that you provide.

Where can I get more information about the survey?

For more information on the Okanagan Indian Band Community Health & Wellness Survey, please contact:

Community Engagement,
Health & Social Development Department

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If needed,
use both sides
of the page
for written
comments



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GENERAL INFORMATION (not for publication)

1.1 Your age group:

- Up to 15 yrs 16-25 yrs
- 26-50 yrs 51-60 yrs
- 61+yrs Prefer not to say

1.2 What is your gender?

- Male
- Female
- Transgender/non-binary
- Prefer not to say

1.3 Do you live:

- On reserve
- Off-reserve

1.4 What do you consider to be your current main activity? (Check only one)

- Self-employed
- Caring for family
- Working
- At school
- Recovering from illness or disability
- Looking for work
- Other _____ (please specify)

1.5 What gives you and your family the most joy in your life?

1.6 What dreams do you have for your children and grandchildren in 5, 10 years?

1.7 In your opinion, what are the main strengths in your community? (Mark all that apply)

- Family Values
- Social connections (people working together)

- Traditional ceremonial, language, and cultural activities (key strategy in 2014)
- Natural environment
- Good leisure / recreation facilities
- Community health / social programs
- Use of language and culture
- Low rates of crime
- Economy
- Elders
- Community Safety
- Other (please specify)

1.8 In your opinion, what do you believe are the main challenges in the OKIB community?

(Mark all that apply)

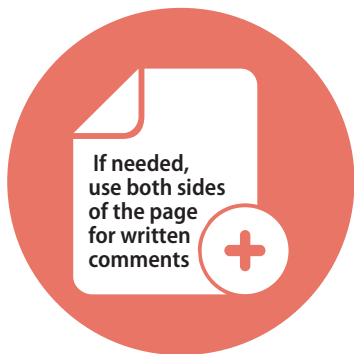
- Education and training opportunities
- Funding or financial constraints
- Alcohol and drug abuse
- Mental Health (e.g. Depression, Suicide)
- Housing
- Violence / sexual abuse
- Loss of culture
- Employment / number of jobs
- Natural environment / resources
- Chronic Illness (e.g. diabetes, cancer)
- Lack of life skills
- Relational conflict / Family conflict
- Childcare / Child Abuse or neglect
- Community Safety
- Human rights challenges
- Other (please specify)



HEALTH AND WELLNESS

2.1 Are you currently diagnosed with any of the following health conditions?

Conditions	Have condition	
	Yes	No
Chronic back pain, excluding Arthritis	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>
Allergies	<input type="radio"/>	<input type="radio"/>
Blindness or serious vision problems	<input type="radio"/>	<input type="radio"/>
Hearing impairment	<input type="radio"/>	<input type="radio"/>
Psychological or Nervous Disorders	<input type="radio"/>	<input type="radio"/>
Cognitive or learning disability	<input type="radio"/>	<input type="radio"/>
ADD/ADHD	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
Heart Disease	<input type="radio"/>	<input type="radio"/>
High Blood Pressure	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>
Stomach and Intestinal Problems	<input type="radio"/>	<input type="radio"/>
HIV/AIDS	<input type="radio"/>	<input type="radio"/>
Hepatitis C	<input type="radio"/>	<input type="radio"/>
FASD	<input type="radio"/>	<input type="radio"/>
Other (please specify below)	<input type="radio"/>	<input type="radio"/>



2.2 What Okanagan Indian Band Health & Social Development programs have you accessed or are you aware of?

- Mental Wellness (e.g. Depression, Anxiety, Addictions, Suicide Prevention)
 - Counselling
 - A&D Worker
 - Workshops
 - Community Events
- Community Health Nurse
- Home & Community Care
- Foot Care
- Food Security
- Child Youth and Family Support
- Employment and Training
- Pre-Employment Supports Program
- Youth Programs
- Patient Travel
- Recreation program/gym
- Income Assistance
- Other (please specify)

2.3 How satisfied are you with the number and range of health & social development services and programs made available within the community?

- Very satisfied
- Satisfied
- Unsatisfied
- Very unsatisfied (Please comment)



2.4 What is most important to you when you visit the OKIB Health & Social Development Department?

- Access and availability (e.g. on reserve)
- Customer Service
- Knowledge or skillset
- Confidentiality/privacy
- Other (please specify)

2.5 Are OKIB Health & Social Development Department services and programs meeting the needs of the community and your family?

- Yes No

Please explain why: _____

2.6 Where do you go most often when you are sick or need advice about your or your family's health?

- Doctor
- Family or friend
- OKIB Community Health Nurse
- Elder or Traditional Healer
- Other (please specify)

2.7 Are you aware or have you accessed health care services or support outside of OKIB?

(e.g. Jordan's principle)

- Yes No

If yes, what services have you accessed?

2.8 Do you have a Family doctor (one that you return to and who knows you and your health history?)

- Yes No

If yes, where is your Doctor located?

2.9 If any, what barriers have prevented you from accessing medical assistance in the last 12 months?

- No barriers
- Fees and additional costs
- No medical professional available
- Do not understand medical language
- Lack of cultural understanding by the health professional
- Transportation
- Limited childcare supports
- Other (please specify)

2.10 Would you like to see a Doctor or Nurse led clinic on reserve?

- Yes No

2.11 Do you believe the OKIB community would benefit from accessing a Pharmacy on reserve?

- Yes No

Why/Why not?

2.12 In your opinion, what are the Top 3 Health needs or health challenges in the OKIB community?

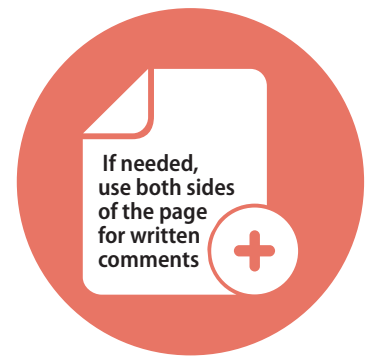
- 1) _____
- 2) _____
- 3) _____

Top Health Priorities in 2014:

- mental health and addictions
- communicable disease control and prevention
- food security
- chronic disease prevention and management
- severe chronic pain



3.0 Please rank by order of priority which of the following additional health care workers are needed in the OKIB community (only tick up to 5)



	Priority	Priority	Priority	Priority	Priority
Position	1	2	3	4	5
Doctor -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native Healer -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Therapist ----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Care Worker -	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Educator ---	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health----- Counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatrist-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisis intervention-- Worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug & Alcohol ---- Counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental/Denturist/ -- Dental hygienist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elder-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Worker -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing/Vision ---- screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth worker -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physiotherapist-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Naturopathic healer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Health - Representative (CHR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutritionist/Dietician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetic Counselor -	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pre/Post-Natal ---- Counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacist-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Security Workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: (please specify) _____					



MENTAL WELLNESS

Mental Wellness services typically occurs across a continuum of services represented in the following diagram:



OKIB seeks your guidance and support on how best we can deliver Mental Wellness services across the various elements described above. **The following questions may be sensitive to some community members – we will ensure support is available should this be required. Please contact any member of the Community Engagement team for follow up / referral.** It is however important that we ask these questions to better understand and respond to the needs of the community.

3.1 In general, would you say that your mental health and wellness is:

- Excellent Good
- Fair Poor

3.2 Do you have a mental health condition that limits you from working or attending school?

- Yes No

3.3 Are there any areas of attention, resources, or tools in your family where support and guidance are needed or that you wish you could access?

- Yes No

If yes, please specify

3.4 What additional professional services would you like to see in the community (e.g. prevention, intervention, self-management)?

- Mental Health specialist (e.g. psychiatrist, Therapist)
- Doctor or Nurse
- Traditional healer / Elder
- Mental Wellness Counsellors
- Youth Counsellors
- Other professionals
- None

3.5 If you thought about using a mental health service but did not, why? (Mark all that apply)

- You had family or friends that were able to help
- You could not afford to pay
- You were too embarrassed
- You were worried about confidentiality and other people finding out
- You had problems with things like transportation, childcare or your schedule
- There was no appropriate service or program available
- Other (please specify)

3.6 Are you worried about someone else in your life (family or friend) harming themselves or taking their own life?

- Yes No

3.7 In your opinion, what are the Top 3 activities that you believe would promote long-term positive mental wellbeing (e.g. cultural, promotional events, school events, information, strategies etc.)?

1)

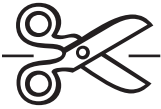
2)

3)

3.8 Do you have a preference for where you would like to receive treatment or counselling services?

- On-reserve
- Off-reserve
- Residential Treatment programs
- No preference





ENTER PRIZE DRAW

NAME _____

PHONE _____

EMAIL _____

